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Form LP 202
(Rev. Jan. 1995)

Filing Fee \$25

SUBMIT IN DUPLICATE!

DEPT-01 RECORDING 923.50
T#0009 TRAN 4216 10/04/95 13:17:00
#3432 + LF #-95-674281
COOK COUNTY RECORDER

0005701 BUSIL 09/05/95
25.00 FI 0000081440 FILED

All correspondence regarding this filing will be sent to the registered agent of the limited partnership under a self-addressed envelope with pre-paid postage is included.

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

CERTIFICATE OF AMENDMENT TO THE CERTIFICATE OF LIMITED PARTNERSHIP (Illinois limited partnership)

1. Limited partnership's name: Westview Limited Partnership
2. File number assigned by the Secretary of State: 0205701
3. Federal Employer Identification Number (F.E.I.N.): 36-3728464
4. The certificate of limited partnership is amended as follows:
(Check all applicable changes)
(Address changes P.O. Box alone and c/o are unacceptable)
 - a) Admission of a new general partner (give name and business address below).
 - b) Withdrawal of a general partner (give name below).
 - c) Change of registered agent and/or registered office (give new name and address, including county below).
 - d) Change in the address of the office at which the records required by Section 201 of the Act are kept (give new address, including county below).
 - e) Change in the general partners name and/or business address (give name and new address below).
 - f) Change in the partner's total aggregate contribution amount (give new dollar amount below).
 - g) Change in limited partnership name (give new name below).
 - h) Change in date of dissolution (give new date below).
 - i) Other (give information below).

*C, D and E) Bannockburn Lake Office Plaza
2355 Waukegan Road - Suite A200
Bannockburn, Illinois 60015 (Lake County)

If additional space is needed, it must be continued on the reverse side and/or in the same format on a plain white 8 1/2" x 11" sheet, which must be stapled to this form.

2300

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3. NAME(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

The original certificate of amendment must be signed by a general partner, all new general partners and at least one withdrawing general partner.

SIGNATURE AND NAME

Signature *Jerry M. Ogle*

Type or print name and title Jerry M. Ogle, Vice President & Secretary

Name of General Partner if a corporation or other entity Westview Partners, Inc. an IL corp

Signature _____

Type or print name and title _____

Name of General Partner if a corporation or other entity _____

Signature _____

Type or print name and title _____

Name of General Partner if a corporation or other entity _____

BUSINESS ADDRESS

Number/Street 2355 Waukegan Road, Suite A200

City/Town Bennockburn,

State Illinois Zip Code 60015

Number/Street _____

City/Town _____

State _____ Zip Code _____

Number/Street _____

City/Town _____

State _____ Zip Code _____

(Signatures must be in **BLACK INK** on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

FORMS OF PAYMENT:

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

DO NOT SEND CASH!

RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Division
Room 357, Howland Building
Springfield, Illinois 62756
Telephone: (217) 786-8960

92070264